

Functional Assessment Checklist for: _____ Date: _____

Time behavior began: _____ am/pm Time behavior ended: _____ am/pm

Location _____ Targeted Person(s) _____ Staff Documenting _____

Number of Staff in Area 0 1 2 3 4 5+ Number of Peers in Area 0 1 2 3 4 5+

Antecedents(What was going on just before the behavior occurred? Check all the appropriate items on each line):

Activity Level: Activity _____ Waiting for activity _____ No activity for 10 minutes

Requests: Nothing was said Asked to _____ Asked not to _____
 Physically assisted to _____

Interactions: One on One Group Alone

Temperature: Cold Comfortable Hot

Noise Level: Quiet Average Noisy

Comfort CK: Dry Wet Soiled Don't Know

Physical CK: No problems Fever Impaction Menses Rash Seizure
 Ear Infection Congestion Other _____ Don't know

Positioning: Wheelchair Mat Sidelyer Feeder seat Chair Prone Stander
 Crib Back Stomach Side Standing Walking Bed

Other Possible Antecedents: _____

BEHAVIORS:(What behaviors did you observe during the episode?) CHECK ALL BEHAVIORS OBSERVED BEFORE EPISODE OVER)

Noncompliance (refused to participate in the activity no matter how much help given)
 Physical Aggression Verbal Aggression Aggressive Posturing Self-Injury
 Property Destruction Throwing Materials Crying Screaming/Yelling
 Cursing Thrashing body about Falling to floor Eating Inedibles(PICA)
 Constant body rocking Toilet Accident Feces Smearing Accusing others
 Inappropriate sexual behavior Meal refusal Leaving area w/o permission
 Taking other's stuff Agitating others by: _____ Other: _____

CONSEQUENCES: (What did you or others do after the behavior began?)(Check all that you or others do until behavior is under control. Circle "1" if the behavior gets better; "2" if no change is observed; "3" if what was done seemed to make the behavior worse)

<input type="checkbox"/> Ignored (no attention at all)	1	2	3	<input type="checkbox"/> Gave food/drink	1	2	3
<input type="checkbox"/> Talked to him/her	1	2	3	<input type="checkbox"/> Changed clothing/diaper	1	2	3
<input type="checkbox"/> Changed position	1	2	3	<input type="checkbox"/> Physical Contact:touched	1	2	3
<input type="checkbox"/> Changed activity	1	2	3	<input type="checkbox"/> Took for walk/ride	1	2	3
<input type="checkbox"/> Changed location	1	2	3	<input type="checkbox"/> Noise level changed	1	2	3
<input type="checkbox"/> Time away for _____ minutes	1	2	3	<input type="checkbox"/> Physical restraint _____ mins	1	2	3
<input type="checkbox"/> Let him/her _____					1	2	3
<input type="checkbox"/> Did not let him/her _____					1	2	3
<input type="checkbox"/> Made him/her _____					1	2	3
<input type="checkbox"/> Did not make him/her _____					1	2	3
<input type="checkbox"/> Took something away from him/her(WHAT?)					1	2	3
<input type="checkbox"/> Nursing gave _____					1	2	3
<input type="checkbox"/> Other _____					1	2	3

What do you think helped the behavior get better? _____

DEGREE OF INJURY: None Reddened area Bite marks Tissue damage
 Bruises Broken bones Medical Treatment Hospitalization

Behavior would have caused injury/property damage if staff had not intervened.
 Definitely Most Likely Probably Unlikely No Not Applicable

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